

Respondents	No. of respondents	No. of responses/ respondents	Avg. burden/re-sponse (in hrs.)	Total burden (in hrs.)
Initial Contact of Potential Candidates .....	1,600	1	0.16	267
Scheduling Interview .....	400	1	0.08	33
Telephone Interview .....	400	1	2	800
Total .....	.....	.....	.....	1,108

5. State-Based Evaluation of Trends and Risk Factors in Morbidity and Mortality from Sickle Cell Disease after Newborn Screening—New—Children with sickle cell disease are at increased risk for mortality and morbidity, especially in the first three years of life. The need for early diagnosis and preventive medical intervention is the rationale for newborn hemoglobinopathy screening programs, now operating in more than 40 states. Although clinical trials have clearly

demonstrated the efficacy of early medical intervention, more information is needed regarding the actual utilization of available therapies and preventive measures in large populations, health statuses of children identified by newborn screening programs, and risk factors for adverse health outcomes. Potential risk factors include extent of medical care follow-up, location of treatment, the use of penicillin prophylaxis, immunization patterns, as well as parental social,

demographic and educational factors. In FY 1995, CDC awarded \$150,000 to three state health departments to assist in their efforts to ascertain health status and risk factors for young children with sickle cell disease. States will be using these funds to obtain information about individual children through structured questionnaires directed toward their parents and physicians. There are no costs to the respondents.

Respondents	No. of respondents	No. of responses/ respondent	Avg. burden/re-sponse (in hrs.)	Total burden (in hrs.)
Parents .....	3,000	1	1.5	4.5
Physicians .....	4,500	1	1	4.5
Total .....	.....	.....	.....	9

Dated: October 26, 1995.  
Joseph R. Carter,  
*Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*  
[FR Doc. 95-27056 Filed 10-31-95; 8:45 am]  
BILLING CODE 4163-18-P

### National Institute for Occupational Safety and Health; Meeting

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

*Name:* Breast Cancer Incidence Among Occupational Cohorts Exposed to Ethylene Oxide and Polychlorinated Biphenyls.

*Time and Date:* 9 a.m.-3:30 p.m.;  
December 13, 1995.

*Place:* Hubert Humphrey Building, Room 800, 200 Independence Avenue, SW., Washington, DC 20201.

*Status:* Open to the public, limited only by the space available. The room accommodates approximately 50 people.

*Purpose:* The purpose of this meeting is to obtain expert advice regarding technical and scientific aspects of the study "Breast Cancer Incidence Among Occupational Cohorts Exposed to Ethylene Oxide and Polychlorinated Biphenyls" being conducted at NIOSH. Participants on the Science

Advisory Panel will review the study protocol and provide advice on the conduct of the study.

Viewpoints and suggestions from industry, labor, academia, other government agencies and the public are invited.

*Contact Person for Additional Information:*  
Teresa Schnorr, Ph.D., NIOSH, CDC,  
Mailstop R-13, 4676 Columbia Parkway,  
Cincinnati, Ohio 45226, telephone 513/841-4587.

Dated: October 25, 1995.

Carolyn J. Russell,

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 95-27030 Filed 10-31-95; 8:45 am]

BILLING CODE 4163-19-M

### Public Health Service

#### Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Contracted Pharmacy Services

**AGENCY:** Public Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** Section 602 of Public Law 102-585, the "Veterans Health Care Act of 1992" (the "Act"), enacted section 340B of the Public Health Service Act ("PHS Act"), "Limitation on Prices of Drugs Purchased by Covered Entities."

Section 340B provides that a manufacturer who sells covered outpatient drugs to eligible (covered) entities must sign a pharmaceutical pricing agreement with the Secretary of Health and Human Services (HHS) in which the manufacturer agrees to charge a price for covered outpatient drugs that will not exceed an amount determined under a statutory formula.

The purpose of this notice is to inform interested parties of the following proposed guidelines regarding contracted pharmacy services. Public comment is invited.

**DATES:** The public is invited to submit comments on the proposed guidelines by December 1, 1995. After consideration of the comments submitted, the Secretary will issue the final guidelines.

**FOR FURTHER INFORMATION CONTACT:**  
Marsha Alvarez, R. Ph., Director, Drug Pricing Program, Bureau of Primary Health Care, 4350 East-West Highway, Bethesda, MD 20814, Phone (301) 594-4353, FAX (301) 594-4982.

**SUPPLEMENTARY INFORMATION:** The Health Resources and Services Administration, Bureau of Primary Health Care, acting through the Office of Drug Pricing, has developed contracted pharmacy service guidelines to facilitate

program implementation. For covered entities that wish to utilize contracted pharmacy services to dispense section 340B outpatient drugs, the Office of Drug Pricing is proposing a contracted pharmacy service agreement between the covered entity and the pharmacy which would include the following provisions:

(a) The covered entity will purchase the drug. A "ship to-bill to" procedure may be used in which the covered entity purchases the drug, the manufacturer bills the covered entity for the drugs that it purchased but ships the drugs directly to the contracted pharmacy.

(b) The contractor will provide all pharmacy services (e.g., dispensing, record keeping, drug utilization review, formulary maintenance, patient profile, counseling). Each facility which purchases its covered outpatient drugs has the option of individually contracting for pharmacy services with the pharmacy of its choice. The limitation of one pharmacy contractor per facility does not preclude the selection of a pharmacy contractor with multiple pharmacy sites, as long as only one site is used for the contracted services. [The Office of Drug Pricing will be evaluating the feasibility of permitting these facilities to contract with more than one site and contractor.]

(c) If the patient does not elect to use the contracted service, the patient may obtain the prescription from the pharmacy provider of his/her choice.

(d) The contractor may provide the covered entity services, other than pharmacy, at the option of the covered entity (e.g., home care, reimbursement services).

(e) The contractor and the covered entity will adhere to all Federal, State, and local laws and requirements. Additionally, all PHS grantees will adhere to all rules and regulations established by the grant funding office.

(f) The contractor will provide the covered entity quarterly financial statements, a detailed status report of collections, and a summary of receiving and dispensing records.

(g) The contractor will establish and maintain a tracking system suitable to prevent diversion of section 340B discounted drugs to individuals who are not patients of the covered entity.

(h) Both parties agree that they will not resell or transfer a drug purchased at section 340B pricing to an individual who is not a patient of the covered entity. See section 340B(a)(5)(B). If a contract pharmacy is found to have violated this prohibition, the pharmacy will pay the entity the amount of the discount in question so that the entity can reimburse the manufacturer.

(i) A covered entity using contracted pharmacy services will not use drugs purchased under section 340B to dispense Medicaid prescriptions unless the contract pharmacy and the state Medicaid agency have established an arrangement which will prevent duplicate discounts/rebates.

(j) Both parties understand that they are subject to audits (by the PHS and participating manufacturers) of records that directly pertain to the entity's compliance with the drug resale or transfer prohibition and the prohibition against duplicate Medicaid rebates and PHS discounts. See section 340B(a)(5).

(k) Upon request, a copy of this contracted pharmacy service agreement will be provided to a participating manufacturer which sells covered outpatient drugs to the covered entity. All confidential propriety information may be deleted from the document.

Covered entities which elect to utilize this contracted pharmacy mechanism must submit to the Office of Drug Pricing a certification that they have signed an agreement with the contracted pharmacy containing the aforementioned provisions.

Dated: August 18, 1995.

Ciro V. Sumaya,  
*Administrator, Health Resources and Services Administration.*

[FR Doc. 95-27032 Filed 10-31-95; 8:45 am]

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## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-3971-N-02]

### The Performance Review Board

**AGENCY:** Department of Housing and Urban Development.

**ACTION:** Notice of appointments.

**SUMMARY:** The Department of Housing and Urban Development announces the appointments of Linda S. Reid and Karen A. Miller as members of the Departmental Performance Review Board. The address is: Department of Housing and Urban Development, Washington, DC 20410.

**FOR FURTHER INFORMATION CONTACT:** Persons desiring any further information about the Performance Review Board and its members may contact Earnestine Pruitt, Deputy Director, Executive Personnel Management Division, Department of Housing and Urban Development, Washington, DC 20410, telephone (202) 708-1381. (This is not a toll free number.)

Dated: October 25, 1995.

Dwight P. Robinson,

*Acting Deputy Secretary, Department of Housing and Urban Development.*

[FR Doc. 95-27027 Filed 10-31-95; 8:45 am]

BILLING CODE 4210-32-M

## DEPARTMENT OF THE INTERIOR

### Bureau of Indian Affairs

#### Notice of Intent To Prepare an Environmental Impact Statement for a Proposed Lease To Construct and Operate an Integrated Waste Management Facility on the Cortina Indian Rancheria, Colusa County, CA

**AGENCY:** Bureau of Indian Affairs, Interior.

**ACTION:** Notice of Intent and Public Scoping Meeting.

**SUMMARY:** This notice advises the public that the Bureau of Indian Affairs, in cooperation with the Cortina Indian Rancheria of Wintun Indians, intends to prepare an Environmental Impact Statement (EIS) for a proposed lease to construct and operate an integrated waste management facility on the Cortina Rancheria of the Cortina Band of Wintun Indians in Colusa County, California. A description of the proposed project, location, and environmental issues to be addressed in the EIS are provided below (supplementary information). In addition to this notice, a public meeting will be held to describe the proposed action and to receive public comments regarding the scope of the EIS. The public will be invited to participate in the scoping process, review of the draft EIS, and a public meeting.

This notice is published in accordance with the National Environmental Policy Act (NEPA) regulations found in 40 CFR 1501.7. The purpose of this notice is to solicit suggestions and information from other agencies and the public on the scope of issues to be addressed in the EIS. Comments and participation in this scoping process are encouraged.

**DATES:** Comments should be received by November 29, 1995. A public scoping meeting will be held on November 16, 1995.

**ADDRESSES:** Comments should be addressed to Mr. Ronald Jaeger, Area Director, Sacramento Area Office, 2800 Cottage Way, Room W-2550, Sacramento, California 95825. A public scoping meeting will be held on November 16, 1995, at 7:30 p.m. at the Cortina Indian Rancheria Satellite Office